



**CITY OF CALEXICO**  
*First Time Home Buyer*  
*Down Payment Assistance Program*  
**Program Interest Form**

Date: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Are You Disabled ☐ Yes ☐ No

Co-Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Are You Disabled ☐ Yes ☐ No

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Number of People In Household: \_\_\_\_\_

Names and ages of other persons that will live in the home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Income of All Persons Living In The Home (Specify Total  
*Monthly* Amount): \_\_\_\_\_

Employer Information For All Members of Household:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_

**Deliver or Mail Form to:**

City of Calexico  
608 Heber Avenue  
Calexico, CA 92231  
Phone: (760) 768-2177  
Fax: (760) 357-3831

**For Official Use Only**

If Qualified: Date Assistance Provided: \_\_\_\_\_

If Not Qualified: Reason: \_\_\_\_\_

\_\_\_\_\_

| Race of Applicant |   |                              |
|-------------------|---|------------------------------|
|                   | For statistical purposes only                                   | Check only one race category |
| 1                 | American Indian/Alaska Native                                   | <input type="checkbox"/>     |
| 2                 | Asian   | <input type="checkbox"/>     |
| 3                 | Black/African American  | <input type="checkbox"/>     |
| 4                 | Native Hawaiian/Other Pacific Islander                          | <input type="checkbox"/>     |
| 5                 | White   | <input type="checkbox"/>     |
| 6                 | American Indian/Alaska Native <b>and</b> White                  | <input type="checkbox"/>     |
| 7                 | Asian <b>and</b> White  | <input type="checkbox"/>     |
| 8                 | Black/African American <b>and</b> White                         | <input type="checkbox"/>     |
| 9                 | American Indian/Alaska Native <b>and</b> Black/African American | <input type="checkbox"/>     |
| 10                | Other   | <input type="checkbox"/>     |

| Ethnicity: If also Hispanic/Latino Check one of the following: |                                       |                                |                                       |
|--|---------------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Mexican                               | <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Cuban | <input type="checkbox"/> Other Latino |

**IMPERIAL COUNTY 2002 INCOME LIMITS FOR  
FTHB DOWNPAYMENT ASSISTANCE**

|          |          |          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|----------|----------|
| 1 person | 2 person | 3 person | 4 person | 5 person | 6 person | 7 person | 8 person |
| \$21,950 | \$25,100 | \$28,200 | \$31,350 | \$33,850 | \$36,400 | \$38,900 | \$41,400 |

### **How should Hispanics answer the question about Race?**

People of Hispanic origin can be of any race. They may any of the race categories including White, Black/African American, Native American/Alaska Native, Asian, and Hawaiian Native/Pacific Islander. If you don't identify with any of these groups, you may check "Other".

### **How should Hispanics answer the question about Ethnicity?**

The ethnicity refers to one's nationality, lineage, or the country from where you or your ancestors where born before coming to the United States. Hispanics should mark one of the four choices, "Mexican", "Puerto Rican", "Cuban" or "Other Latino".